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AUTHOR Owoc, Paul, Ed.
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 INSTITUTION Central Midwestern Regional Educational Lab., Inc.,
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ABSTRACT

This report focuses on techniques that can be used to learn more about the strengths and shortcomings of reading programs, of the teaching of reading, and of the students involved. The first article provides information about the "Handbook of Planning an Effective Reading Program," a guide published by the California State Department of Education and designed to help school personnel analyze their proposed or existing reading programs. The second article offers suggestions for teaching reading in a diagnostic/prescriptive manner, while the third discusses George Spache's six principles to govern reading diagnosis and remediation. The final article discusses the role of right and left brain hemisphere functions. (FL)

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RIGHT TO READ

DIAGNOSIS & PRESCRIPTION

BRIEFLY...

TO KNOW THOROUGHLY is the root meaning of the word diagnosis. Continuing to learn more about ourselves as educators and about the interests, skills, and fascinations of those we teach is diagnosis in the best sense of the word.

This issue of *Reporting on Reading* looks at some of the techniques that can be used to learn more about the strengths and the shortcomings of reading programs, of reading teaching, and of the students who learn.

Program Diagnosis: RECOGNIZING QUALITY

"Reading is a form of communication, not an end in itself."

"Reading is learned and reinforced through the use of the other language skills: listening, speaking, and writing."

These statements about reading come from the *Handbook of Planning an Effective Reading Program*, a guide recently released by the California State Department of Education. The handbook, developed by teachers, school administrators, and reading experts, is meant to help school people identify the strengths and weaknesses of their existing or proposed reading programs.

According to the handbook, any effective reading program must have three components:

See QUALITY, Page 2

IT'S REALLY NOT IMPOSSIBLE



Wilma H. Miller

Wilma H. Miller, guest contributor to this issue of *Reporting on Reading*, is a professor at Illinois State University, Normal, Illinois. Professor Miller has long involvement in developing procedures and materials meant to assist teachers to identify and correct the reading difficulties of elementary and secondary school students.

For a number of years, teachers have been urged to teach reading in a diagnostic-prescriptive way. But this is not always easy to do. Many teachers find that large classes and a growing number of other responsibilities make teaching reading in a diagnostic-prescriptive way very difficult. However, there are some techniques that can help.

What is Diagnostic-Prescriptive Teaching of Reading?

In the past, a student was expected to be able to read what most of the other students in his or her grade could read. All students were supposed to work on all of the reading skills selected for their grade whether or not they had already mastered them. Good readers never were encouraged to read challenging materials, while many below average readers spent their entire school career reading materials that were too difficult simply because they were the materials designed for that grade.

Diagnostic-prescriptive teaching of reading should alter some of these practices.

QUALITY (continued from page 1)

- **Skill development.** The skills of comprehension (the ability to understand the meaning and significance of words and concepts); language processing (the ability to handle the symbols used to transmit thought); and fluency and flexibility (the ability to read a variety of different kinds of real material encountered in daily life, rather than only textbook lessons).
- **Motivation.** Student motivation, including interest, a sense of competence, and a desire and need for reading.
- **Application.** Proficiency in a range of reading tasks, such as reading for recreational purposes, reading and responding to literature, reading in the content areas, and studying.

Successful reading programs are characterized by a balance among these three components. Overdevelopment of any one feature at the expense of the others often results in children who cannot read well or who can read, but choose not to.

"Poor readers have been instructed to pay too much attention to the mechanics of reading, and as a result they fail to focus on the general purposes of understanding ideas," the handbook says. "Many poor readers simply do not know that reading should make sense in the way speaking does."

Besides outlining how successful reading programs work, the handbook provides a 59-item attribute checklist that teachers or administrators can use to assess their programs with respect to the three components considered necessary for a comprehensive program.

Attributes of a high-quality reading program include:

- Sufficient instruction and activities directed at

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Inquiries or requests for additional information may be sent to Paul Owoc, editor, *Reporting on Reading*, CEMREL, Inc., 3120 59th Street, St. Louis, Missouri 63139.



"The most effective instructional strategy in reading is to have students read from a variety of materials on a regular basis." (Handbook for Planning an Effective Reading Program)

development of comprehension skills.

- Substantial uninterrupted time for children to read
- Appropriate emphasis on decoding (often this means less emphasis)
- Recognition of the importance of motivation as a prerequisite for the development of reading skills
- Flexibility in teaching reading – being able to understand such different kinds of material as books, written forms, instruction sheets, and recipes
- Recognition of reading as one of several means of communication, along with speaking, writing and listening
- Incorporation of reading instruction into other school subjects
- Letting children put their reading ability to practical use from the first day of instruction through such material as newspapers, craft material, or sports reading
- Helping pupils transfer their ability to communicate orally into fluency in reading and writing

Copies of the handbook may be purchased at \$1.50 per copy from Publications Sales, California State Department of Education, P.O. Box 271, Sacramento, California 95802. □

NEW TECHNIQUES. NEW CAUTIONS

"A robot may not injure a human being, or, through inaction, allow a human being to come to harm."

That statement, the first of three "Laws of Robotics" written by famed science-fiction author Isaac Asimov, is an ineradicable part of the program built into the robots Asimov writes about. It is an ethical safeguard meant to protect inventive creators from their creations.

Asimov's warning is that new technologies, new ways of doing things, oftentimes bring fresh opportunities for misuse, harm, or unthinking application. His solution is not to outlaw change, but to set rules, guidelines, or principles to govern innovation.

In teaching reading, the concept of diagnostic-prescriptive teaching with its emphasis on skill objectives, testing, and flexible grouping for instruction is an innovation scarcely more than a decade old. Lest the use of diagnostic-prescriptive techniques outdistance their thoughtful application, George D. Spache has proposed a set of six principles to govern diagnosis and remediation. "Many of them sound like clichés," Professor Spache writes, "but, on the other hand, if the reader is engaged in, or about to begin, work in this field, even these trite statements may influence his thinking and future procedures."

Condensed slightly from the original, here are Professor Spache's six principles.*

Diagnosis is a continuous process of proposing hypotheses, testing them by teaching strategies and referring or discarding them. All the information and understanding of any disabled reader that is needed to help him cannot be obtained in the initial testing at the beginning of the program.

Diagnosis is pragmatic and directly related to remedial practice. The purpose of testing is analytic not descriptive; the end result is not a label placed on the child, as *minimal brain-damaged*, *dyslexic*, *perceptually handicapped*, or the like, but a direct suggestion for the trial of a specific treatment strategy. The mere listing of the results of a whole group of tests is not a diagnosis, despite its prevalence at the hands of many psychologists and reading centers. The diagnosis would be the interpretation of the probable meaning, educationally speaking, of the patterns of test scores.

This principle implies also that the reading teacher refrains from using esoteric tests, such as eyedness, handedness, memory for designs, figure-ground perception, and the like, unless these relate the results directly to a treatment strategy.

Diagnosis is eclectic and thorough. This principle implies the collating of information from schools, parents,

agencies working with the family, the pupil's health history, and developmental history, as well as analytic testing in the areas of vision, hearing, personality, and intelligence. With older pupils, measures and observations of study habits and practices, and handling of materials with flexibility would be added.

Beware of the tendency to fractionate behavior into minute subskills, which are then assumed to be major causes if the pupil's performance is weak. Make the diagnosis-remediation process a constant exploration for the pupil's strengths. Try to find ways in which the pupil *does* learn, which then can be strengthened and used even more efficiently to obtain comprehension. Expect variability from one subskill to the next, for this is the normal human pattern, not necessarily an indication of an area of weakness that must be repaired.

In teaching reading the concept of diagnostic-prescriptive teaching with its emphasis on skill objectives, testing, and flexible grouping for instruction is an innovation scarcely more than a decade old.

Diagnosis should be honest. Reading teachers must recognize that the interrelationship they establish with their pupils is one of the most important elements in their own success and that of their pupils. This implies that the teacher realizes that the teaching materials, the mode of presentation, and the techniques of teaching are of secondary importance... remedial teachers must be honest enough to admit to themselves and their supervisors that perhaps the child will make better progress with another staff member.

Diagnosis and remediation is temporary, supportive help for the disabled reader. We cannot think of our treatments as curative, but rather as steps we take to help the student's immediate problems in reading and in dealing with school demands. This gives a different viewpoint to the current overemphasis upon reading skill development and shifts our goal toward helping the student meet everyday school demands more effectively. □

*From George D. Spache, *Diagnosing and Correcting Reading Disabilities*. Copyright © 1976 by Allyn & Bacon, Inc., Boston. Reprinted with permission.

NOT IMPOSSIBLE (continued from page 1)

Reading at an Appropriate Level

Allowing a student to read on an appropriate level is one of the easiest yet most effective ways of teaching reading in a diagnostic-prescriptive manner.

A student should read for pleasure on the independent reading level, the point at which he or she can recognize words with 99 percent accuracy and at which he or she has 95 percent or better comprehension. A student should read for information on the instructional level. I define this level as the point at which a student can recognize words with about 90 percent or better accuracy and at which he or she has 75 percent or better comprehension.

It is not very difficult for you to determine a student's approximate instructional and independent reading levels. Have the student read aloud to you privately from a series of graded reading materials. Then note the number of errors the student makes while reading a short passage from each. After the student has finished reading each passage aloud, ask a few questions to find out how well the passages were understood.

An alternative way to determine a student's approximate instructional and independent reading levels is to use a commercial individual reading inventory or to use the one that accompanies your basal series. Remember that all such published devices indicate only approximate reading levels and that their results should be interpreted cautiously.

The cloze procedure is yet another way of determining a student's approximate reading level. Select a passage of about 250 words and type the first and last sentences. Then, except for proper nouns, in all other sentences delete every eighth word at the primary-grade level and every fifth word at the middle-upper level. Have the student complete the cloze procedure without help.

Here is how to evaluate a cloze procedure:

- Count the number of blanks in the passage.
- Count the number of blanks correctly filled with the exact word that was omitted.
- Divide to obtain the percentage of blanks correctly filled.
- If a student has correctly filled about 45 percent of the blanks, the material probably is on the instructional reading level.
- If the student has correctly filled about 60 percent or more of the blanks, the material probably is on the independent reading level.

You can also use the maze technique to help determine a student's instructional and independent reading levels. Construct a maze technique from a passage of about 120 words. Replace every fifth word in the passage with a multiple choice. One alternative should

be the correct word, another an incorrect word which is the same part of speech, and a third an incorrect word and another part of speech. Although the following percentages are very tentative at this time, a score of 60 to 70 percent of the words correct may indicate the instructional reading level, and 80 percent or more of the words correct may indicate the independent reading level.

Assessing Competence, Teaching Skills

Another important element of teaching reading in a diagnostic-prescriptive manner is determining a student's specific reading skill competencies and weaknesses. As much as possible, students should not have to work on reading skills they have already mastered.

There are several ways of finding out what a student already knows or still needs to learn. One way is to use criterion-referenced or mastery tests - tests that evaluate a student's performance in some specific reading skill. For example, you and your colleagues could write test items to assess a student's competency in any one or several of these phonic skills: long vowel sounds, short vowel sounds, consonant blends, consonant digraphs, vowel digraphs, diphthongs, phonograms, or useful phonic generalizations. Any of these reading skills not mastered by several students could then be presented and/or reinforced by using any of a multitude of commercial or teacher-made materials, games, or devices. Remember, though, each student should work on only those reading skills in which he or she lacks competence.

"As much as possible, students should not have to work on reading skills they have already mastered."

As an alternative to making your own tests and devising your own materials, you can use a commercial diagnostic-prescriptive reading program. Such programs normally contain placement tests, criterion-referenced tests, and a listing of appropriate commercial materials that can be used to present and/or reinforce the reading skills a student needs to master. Although many such programs have been criticized because they fragment reading skills and may have a time-consuming record-keeping system, they do enable a teacher to present reading instruction in a diagnostic-prescriptive manner.

Criterion-referenced tests and commercial programs are not your only options, though. Reading diagnosis and prescription can be done more informally. Begin by observing the characteristics of a student's oral and

silent reading in a variety of settings, such as in individual reading conferences, in reading groups, or with the entire class. You may find that commercial checklists of reading skills are helpful to keep nearby as you observe a student's reading competencies and weaknesses. Word identification lists that you buy or make yourself also can help you to informally learn more about a student's strengths and weaknesses in some skill area.

Involving Students

It is helpful for a student to be involved in the diagnosis and correction of his or her own reading competencies and weaknesses. Let a student choose a book and then "try it on for size." Ask the student to select a passage of about 100 words near the middle of a chosen book and try to read it silently. If the student finds more than two or three unknown words in the passage, the reading material probably is too difficult unless the student has an intense interest in it.

Students at the middle or upper grades can be quite competent in analyzing their own reading strengths and weaknesses. Such students can tell you which types of word identification techniques seem especially useful and which types are of no use to them. As much as possible, students should participate in planning their own prescriptive reading program and in keeping progress records.

In Summary

It is difficult to teach reading in a diagnostic-prescriptive manner in a complex contemporary classroom. You can make a very good beginning, however, if you encourage students to read on their own instructional and independent reading levels and if you present and reinforce only those important reading skills in which one or several of your students lack competency. The use of these two principles might improve the quality of reading instruction in our classrooms significantly.

Q Professor Miller, in medicine, diagnosis is a technique used to detect pathology. As a rule doctors don't go about diagnosing healthy people. Does the medical analogy hold in teaching reading? Is diagnosis for everybody or just for the "reading disabled"?

Wilma Miller: If you think about it, the ordinary medical check-up is a form of diagnosis. It's a useful way to detect medical disorders before they become serious. Most doctors recommend such check-ups even if a person seems perfectly healthy. Similarly, I believe it is important for all students to have check-ups in reading to diagnose their skills, competencies, and deficiencies. These kinds of routine diagnoses enable teachers to capitalize on a student's strengths in reading and to correct weaknesses before they become major. But, to carry on with your medical analogy, checking into a hospital for a week of tests is quite a dif-

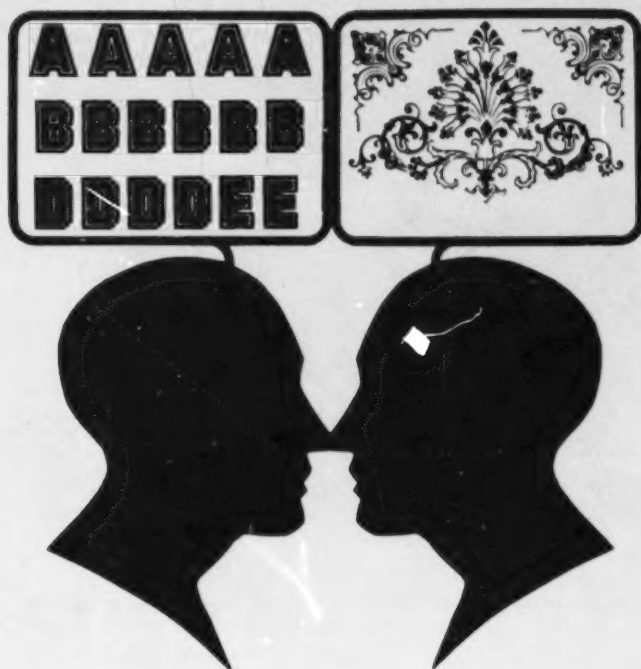


"An important element of teaching reading in a diagnostic-prescriptive manner is determining a student's specific reading skill competencies and weaknesses." (Photo courtesy of Weslaco (Texas) Independent School District)

ferent matter. Hospital tests are specialized, far from routine, and done only when life-threatening pathogens are suspected. Similarly, I believe that clinical diagnosis of reading disabilities should be reserved for students who have severe reading problems.

Q At one time the job of diagnosing a student's reading difficulties was left to the highly trained reading specialist. More recently classroom teachers have been urged to teach in a diagnostic-prescriptive way. Now, in your article, you say that many students are capable of doing their own diagnosis. Why the apparent shift from diagnosis by experts to do-it-yourself?

Miller: Clinical diagnosis of severe reading disabilities still requires using sophisticated reading tests administered by qualified reading specialists. But classroom teachers can use less complex diagnostic instruments - group diagnostic reading tests, criterion-referenced tests, individual reading inventories, word identification techniques, the cloze procedure - with students who are mildly, or moderately, disabled in reading. And students too can determine their own reading strengths and weaknesses to some extent by keeping in mind questions like: What do you do when you meet an unknown word when reading? Do you try to determine the meaning of it from a known word in the sentence? Are you able to understand the facts you find in your reading? Can you interpret what you read? Can you evaluate what you read? So the complexity of diagnosis depends upon its purpose and the skills of the person using it. □



SIGNALS TO A HEMISPHERE

What do brain functions have to do with teaching severely disabled readers? According to some, nothing at all. Others are not so sure.

In the past ten years, an increasing number of research studies have concentrated on the relationship between reading and lateralization—the use of one side of the brain for a given function.

It has long been known that the cerebral cortex of the brain is divided into two hemispheres linked by a thick cable of nerves called the *corpus callosum*. The left hemisphere of the brain primarily controls the right side of the body, and the right hemisphere primarily controls the left side of the body.

Moreover, studies done in the 1960s showed that each hemisphere performs certain specialized functions. For nearly all right-handers and the majority of left-handers, language and analytical reasoning seem to be functions of the left hemisphere. Perception of music or geometric figures appears to be a right hemisphere function for most people.

Two years ago, Dorothy van den Honert, then a junior high school learning disabilities specialist in Pittsfield, Massachusetts, published an article describing how she had been able to use research findings on hemispheric dominance to teach severely disabled readers. Her technique involves inducing most of her students to use the left hemisphere of the brain to learn to read. According to Albert J. Harris, professor emeritus of the City University of New York and past

president of the International Reading Association, Mrs. van den Honert's procedures are the first to be based on a modern knowledge of cerebral dominance. Her work, Professor Harris says, "may possibly be the forerunner of a revolution in remedial teaching."

Recently the editor of *Reporting on Reading* talked with Mrs. van den Honert about her work.

Mrs. van den Honert, what led you to consider the research and hemispheric functions in teaching students with severe reading difficulties?

I seemed to be running at full steam and getting nowhere with many of my students. For many of the students I taught I knew it was now or never. By the time they reached ninth grade, many of them would drop out of school. I was the last stop on the train, so to speak. I felt seriously pressed for time.

Students would come to me in seventh grade reading at the second- or third-grade level. Let's suppose that with the aid of the most efficient phonics system and the latest education techniques I managed to help them get up to the fourth- or fifth-grade level by the time they reached ninth grade. That's still functional illiteracy. You can't live on a fourth- or fifth-grade reading level without making serious mistakes—misreading labels, taking wrong doses of medicine. I had to find a faster way to teach these children, so I started reading everything that might possibly help.

An article by Michael Gazzaniga in *Scientific American* called "The Split Brain in Man" led me to a variety of other studies that all pointed to the importance of the left hemisphere in certain cognitive functions, such as controlling speech, processing language, and sequencing. Since learning to read is, after all, a linguistic function, it seemed clearly a job for the left hemisphere. Using the right hemisphere to do a job it is poorly equipped to handle might be the reason some children have such severe problems with reading. If I could get children to start to use the correct side of their brain for reading, I thought, some of their problems might be straightened out.

How did you do that? Saying, "George would you please use your left hemisphere" won't work.

Exactly. The only way I could get children to use the left hemisphere by itself was to send a language signal to the left hemisphere only, while the right hemisphere was simultaneously occupied with a signal it could process easily. This, I hoped, would keep the right side busy while the left could operate on the language signal without interference from the right. This is a somewhat oversimplified explanation because, in fact, both ears send signals to both halves of the brain as do both eyes, but it is fortunate that the crisscross signal—the one that travels to the opposite side from which it entered—is by far the stronger one. So I use the stronger channel, and the brain seems to suppress the extraneous little noises from the other side.

My procedure was to take a very systematic phonics method I had developed and give some of it to the child in a lateralized form each day. For auditory work, this meant a spelling test delivered into one side of stereo earphones while soft music was delivered to the other.

I used two techniques to split the signal to the eye. One, a complex procedure, achieves total lateralization. In the other, I block out one eye while a child reads the phonics lesson. That makes the child use the eye that sends the much stronger signal to the language side of the brain.

Does all this work?

I have had some stunning successes. Of the 75 students I've taught since 1974, 20 have finished junior high, scoring at the ninth-grade reading level on the *Gilmore Oral Reading Test*. I've also had 6 students who made almost no progress. The rest are somewhere in-between. I have hunches about why the procedures work for some students and not others, but this whole question now needs a carefully designed research study, done under controlled conditions, that will match up children's symptoms with their patterns of cerebral organization.

Beware of esoteric techniques for diagnosing and remediating reading difficulties! Reading teachers are told that all the time. Doesn't your technique deserve the label "esoteric"?

Not really. It may sound esoteric in principle, but it's not difficult in practice. Let me say clearly that this technique should only be used by an experienced teacher working individually with a student. In other words, if it is used at all, it must be used with care and discrimination.

Also, this is not a technique for the so-called slow reader. It is a technique for the learning disabled reader only. In addition to being very poor at reading

and excruciatingly bad at spelling, these children frequently have very poor short-term memories and may tend to reverse syllables or letters. So they can't read in spite of having normal intelligence and a normal family life. It is with these kinds of children that the procedures stand the best chance of working.

Again, I would never use these techniques with children younger than 10 or 12. Up until that age, lateralization is still developing. I'm very reluctant to tamper with anybody's sidedness. What happened when teachers started turning against left-handers stands as a reminder. I certainly wouldn't advise any teacher to use these methods with young elementary school children.

One more thing – the left side of the brain is dominant for language for most people, but not for all. Some people – an estimated one-third of left-handers and five percent of right-handers – have language functions on the right side. Obviously, if you are going to train children to use the language side of their brain, you'd better know which side it is on. Unfortunately, I do not know of any method for reliably locating the language side of the brain of a very young child who is learning disabled.

What I'm saying is that esoteric techniques ought not to be rejected out-of-hand. But in all cases they need to be used appropriately and with great care. □

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THANKS, RIGHT TO READ

For the past two years the National Right to Read Office has paid for the publication of *Reporting on Reading*. With this issue, that financial support ends. But *Reporting on Reading* will go right on as a publication of CEMREL, Inc., an educational laboratory.

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RESOURCES



Skills versus Underlying Processes

Why does a child have trouble reading or learning to read? Diagnosis involves trying to find out why; prescription offers an instructional plan of attack. Traditionally, prescription has taken one of two forms. In one form, children are assumed to need help in developing certain underlying abilities or psychological processes. In the other, prescription focuses on providing direct instruction for specific reading skills—difficulty with blends leads to more practice in blending. In *Differential Diagnosis-Prescriptive Teaching: A Critical Appraisal*, authors Judith A. Arter and Joseph R. Jenkins of the Center for the Study of Reading examine the evidence supporting these two models of prescriptive teaching. They conclude that, given current instructional programs and tests, prescriptive teaching based on strengthening children's underlying abilities are ineffective. Further, the authors call for a moratorium on placement and classification of children according to differential ability tests and on the purchase of instructional materials and programs that claim to improve underlying abilities.

Copies available from Center for the Study of Reading, University of Illinois at Urbana-Champaign, 174 Children's Research Center, 51

Gerty Drive, Champaign, Illinois 61820; no charge.

Researchers Diagnose Diagnosis

In a three-year series of investigations concerned with how experienced reading specialists diagnose and remediate commonly occurring reading problems, researchers at Michigan State University's Institute for Research in Teaching, using simulated cases, found that diagnosis and treatment seems to depend mostly on who does the diagnosis. They found that problems diagnosed one way by one specialist were frequently diagnosed differently by another, and that diagnosis and proposed remediation were often unrelated. Many diagnoses appeared to be too vague to guide treatment, and most of the remedial plans — no matter what the diagnosed problems — were based on the same combination of five "core treatments" —phonics, word analysis, sight words, visual discrimination/memory, and oral reading.

List of research reports available from Institute for Research on Teaching, 252 Erikson Hall, Michigan State University, East Lansing, Michigan 48824; no charge. □

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